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THE AFTER-CARE OF OUR DISABLED SOLDIERS AND SAILORS

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Will the United States be as successful in making civilians out of its soldiers as it has been in making soldiers out of its civilians? Much hard effort must be expended and many forces must pull together with a single purpose before this result comes to pass, but we can at least say that a promising beginning has been made. Congress has unhesitatingly recognized a national responsibility toward the disabled soldier and sailor, has clearly defined the program of the federal government for their rehabilitation and has provided the funds. Administrative plans based upon careful study of the successes and the failures of other countries in this field are being put into effect. The chief factor of doubt is whether the American people will back up these plans with the weight of a public opinion so intelligently formed and so dominating that no disabled man shall fail to receive the most generous and constructive assistance nor shall any be permitted through neglect or misdirected sympathy to degenerate into dependency.

A philosophical patriot, if there still be leisure in which such a creature can exist, would find much to ponder in the record of our first year of participation in the Great War. Our successes have been as unexpected as our failures. If our pride in the ability of the American business man to solve every problem of the mobilization of industry on the colossal scale of the war has gone into an occasional nose dive, who, on the other hand, would have dared to predict some of our striking achievements in the social and political field, in projects involving the rapid integration and expression of the national will? Who, for example, could have foreseen the success of the selective service act either in its unanimous and unquestioning acceptance by the people or in the foresight, rapidity and precision of its administration? In the light of our too well-known pension legislation who could have dared hope for the enactment of a national measure so enlightened, so just, so permeated with sound social statesmanship as the War Risk Insurance Act?

THE VOCATIONAL REHABILITATION LAW

And now we have, in the Vocational Rehabilitation Law, approved by the President on June 27, 1918, a registration of national purpose, and an assumption of national responsibility toward the disabled soldiers and sailors of the present war, which place this new statute on the same high level of social vision, while in effect rounding out and completing the compensation provisions of the older law with a broadly conceived scheme of governmental training designed to restore every disabled man, so far as physically possible, to economic self-dependence.

To be sure we started, as in so many of the purely military phases of the present national effort, with the tremendous advantage of the experience of other countries before us. Earnest students of the subject had watched the evolution of the plans of other nations for the care of the disabled. Beginning in nearly every instance with reliance on local and private philanthropic effort, each of the major belligerents has been forced to assume national responsibility for the treatment, training, and replacement in industry of the men injured in battle, and to coördinate under government control all the local, sporadic and sometimes misdirected activities in this direction. An exceptional example has been set by our valiant neighbor on the north. From the beginning Canada has seen the problem of the disabled soldier as a national one, and has attacked it as courageously and as successfully as her brave men fought at Vimy Ridge. To our own credit be it said that we have promptly recognized her leadership and have adopted bodily, with the necessary adoption to our needs, the essential features of the Canadian system.

In the first place our law, following closely the spirit of the Canadian plan, emphasizes the principle that the making of civilians out of soldiers is a task which should be administered, at least in its later stages, by civilians. This principle would appear to be justified by the same logic which requires that soldiers should direct the reverse process of turning civilians into soldiers. Accordingly the mobilization of the educational resources of the country, in order to provide the vocational and professional training which will fit the disabled soldier to make his own future as secure and as profitable, if not more so, than before he entered the army, is entrusted to a civilian branch of the government, the Federal Board for Voca-

tional Education. The same agency is charged with the duty of finding the reëducated man a place in which to demonstrate his new earning power, and with the further responsibility of following him up with protecting influences until he is again on a safe and sound economic basis, capable of supporting himself and his family with what he earns, supplemented by a generous compensation for his physical injury, which cannot be reduced merely on the ground that he has succeeded in overcoming his handicap.

A second fundamental principle of the Vocational Rehabilitation Law is that the man's choice of occupation, as well as his decision whether to take any course of reëducation at all, should be entirely free. The law has no element of military or economic compulsion in it, except that once having elected a course of training the man must stick to it, or face the possibility that the Bureau of War Risk Insurance may withhold his compensation, in whole or in part, during the time of his wilful refusal or neglect to continue his studies. The insistence on the superior expediency as well as justice of the voluntary choice implies the need of expert vocational guidance, and of systematic educational propaganda in order to reach and form the man's own will to make the best of his residual powers. It is believed that in the very method of persuasion and utilization of many kinds of sound influence, while leaving the eventual decision to the man himself, there is something essentially consistent with American principles of individual freedom and self-determination. Undoubtedly the method is harder, just as it is sounder, than the simpler expedient of ordering a man into school under the force of military discipline. Its very difficulty, relieved as it is by the advantage of accord with established educational theory, is a challenge to the forces, such as those of Red Cross Home Service, which can bring to bear the weight of their constructive influence in helping the man decide right and "carry on" to the successful end.

The new law wisely leaves the whole range of medical and surgical treatment to the military medical authorities. Taken in conjunction with the present policy of the army this means that the soldier will remain in the service until his physical and functional restoration and cure are complete. Here again we have a new recognition of a national responsibility. Formerly it was the first thought of the army to get rid of incapacitated men as soon as possible, transferring the burden of their after-care to civilian agencies. Consid-

erations of justice as well as those of expediency have revolutionized the practice in this respect. If the modern army of militant democracy takes a man for service, even for but a few weeks, public opinion demands rightly that he shall be restored to civil life only when disability incurred in line of duty shall have been removed so far as modern medical skill and resources are capable to effect such cure. And after a man has been expensively trained to be a soldier it is likewise good sense to keep him in the service, if the restorative treatment has made this at all possible, even if he is assigned to special and limited duty. An admirable illustration is the proposed use of disabled men with the necessary personal and educational qualifications to teach their disabled fellow comrades. Many a private under this plan may attain a commission which he might not otherwise have reached, even after having himself received a disabling injury.

During the time a man is in the army and undergoing treatment for his disability, the varied resources of modern therapeutic effort will be unsparingly applied. This means that, among other means of treatment, work in the form of bedside and ward occupation, or the more purposeful activities of the hospital workshops will be prescribed for its curative effect. This is an essential part of the medical treatment and will remain under the control of the military medical authorities. But obviously it may well lead to the formation of a vocational taste, and should develop without a break into the more consciously applied vocational training which the Federal Board will offer immediately upon discharge from the service. Indeed, the period of hospital treatment, sometimes extending over many weeks or months, is a critical time in determining the man's vocational future, and in establishing new ambition and new habits of industry. The fullest measure of success of the American plan of re-establishment in civil life will not be attained except with the most cordial and complete coöperation between the military and the civilian official agencies dealing with these complementary fields of treatment and training. The law makes this possible, in fact prescribes it so far as any law can guarantee administrative results, by requiring the Vocational Board to coöperate with the War and Navy Departments "in so far as may be necessary to effect a continuous process of vocational training."

This brief summary of the Vocational Rehabilitation Law is necessary to any adequate consideration of the relief and after-care

of the disabled American soldier or sailor. Taken with the War Risk Insurance Law and the policies now in force under the general statutory powers of the army and navy, it clearly defines what the government will do for the men and the families of the men incapacitated by wounds or disease for further military service, and thereby marks out the residual field within which private individuals, organizations, community forces and the general public in its unofficial capacity can express the universal desire to do something for the heroes of the war. No rational plans for the relief and assistance of disabled soldiers and their families can be made except by building upon and extending the foundation thus laid by the official agencies of the government. Indeed, the first concern of relief agencies must be to provide information and advice as to the rights of the soldier or sailor under federal and state laws and as to the benefits which the government and its auxiliary agencies are ready and anxious to confer upon him.

Among the private organizations whose efforts will supplement the national program, it is natural to think first of the Red Cross. The purpose and field of activity of this organization are in an unusual degree colored with public interest and controlled by government authority. With its 22,000,000 members, its 3,000 local chapters and their 15,000 additional branches, the Red Cross is equipped as no other organization to give aid and comfort to our soldiers and sailors and to assist their families at home. And this responsibility, once assumed, must carry forward into and through the critical transition period from military to civilian life. This means that when a soldier or sailor is discharged on account of disability, the Red Cross will not abruptly break off existing relations of service to him and his family, but will continue such aid as may be necessary and desirable until the man is completely re-established in normal civilian life, or until the burden of his permanent relief, if totally incapacitated, is taken over by relatives or by appropriate public or private agencies; and the Red Cross will make no distinction between the man suffering from a disabling wound requiring special measures of physical reconstruction, and his comrade incapacitated by tuberculosis, heart disease, shell shock or any other non-surgical ailment. Honorable discharge for disability makes each and every soldier eligible for any assistance the Red Cross can render to him or to his family.

This leads to the question of the distribution of the causes of disablement as affecting profoundly the plans for the after-care of soldiers and sailors. The emphasis with which the needs and interests of a particular group of disabled men are advertised can hardly be relied upon as a safe index to the relative importance of the group, either as to number or urgency. Some classes, such as the blind, make an instant and universal appeal to the sympathy of all. Yet there were only twenty-seven cases of blindness out of a total of 41,000 Canadian soldiers returned during the first three years of the war. Again, so much interest is naturally felt and expressed in the visibly mutilated that one forgets how small a fraction they account for in the total of disability. Out of each million soldiers at the front, 10,000 a year may be expected to become subjects for physical reconstruction and vocational rehabilitation. Of these 10,000 about half will be medical cases, that is, men suffering from tuberculosis, shell shock, rheumatism, diseases of the heart, stomach, and other organs. The other 5,000 will be the actually wounded, but of these surgical cases only 500 will have lost arms or legs. There are many other forms of injury which result in more or less permanent disability. A man may have a piece of muscle shot away, or a wound causing a stiff joint, or partial or total paralysis. Often the outward appearance of such a man is not visibly affected and it is difficult to realize the seriousness of his disability as regards the taking up of normal occupation. Tuberculosis accounts for a much greater share of disablement than is commonly realized, and it is difficult to arouse as much direct interest and enthusiasm for the after-care of those suffering from this great prince of the forces of disease. Likewise it is surprising to learn that 24.4 per cent of the men already returned from France were sent home on account of nervous or mental disorders.

PSYCHOLOGICAL FACTOR INVOLVED IN AFTER-CARE

The after-care and relief of the disabled soldier is complicated by a psychological factor of the utmost importance. The change from the military to the civilian status involves a radical mental readjustment. For many months, perhaps years, the man has given no thought to the source of his daily bread. Superior authority has regulated his daily conduct, telling him what to do and when to do it. A long period of hospital care with solicitous attendance

may have accustomed him to pass the time with little or no concentrated effort and attention to anything more strenuous than playing games or enjoying concerts, "movies," and other diversions. To be sure, an effort will have been made to offset this danger by a prescribed régime of diversional and curative occupation even in hospital days, and with a certain number, a period of thoroughgoing vocational reëducation will have supervened. But at best there is a vital difference between going to school and going to work and the soldier has to go again through the adjustment to a new and different mode of life which this change involves.

Anyone who leaves his customary round of business and domestic life to travel extensively, even for a few months, finds it difficult to get back into harness. Much more is this effect likely to be felt by young men at the most restless time of life, taken abroad into the new scenes and into indescribably strange experiences, while in the case of those who are wounded, all this is further complicated by the terrible ordeals of battle and suffering. It is surprising that men returning from such experiences adjust themselves as successfully as they do to the round of factory or office routine. No clearer evidence of the high average character of our returned soldiers will be found than in the success with which they fight these new battles and make good as civilians just as they have done in their service at the front.

Thus everything that is done for returning soldiers and sailors must be based on a sympathetic understanding of their spiritual as well as their physical sufferings. Relief and rehabilitation agencies must recognize, first of all, that they are dealing with a changed man, and with a range of psychological problems quite different from any they are likely to have met with in civil life. Inevitably when the returned soldier strikes out again in the world there will be periods of heavy discouragement. He may find uncongenial working conditions, unsympathetic employers, inconsiderate foremen, sharply competing associates. All these things or any of them may dash his reviving hope and interest in his own future. Then is the time to call out the reserves of sympathetic counsel and encouragement. The Red Cross through its trained home service workers and other good friends, neighbors and relatives must not be slow to rally to his support. The man must be assisted to meet and overcome these psychic obstacles. If he loses one job, another must be found, and

if necessary a third, fourth, fifth, and so on until the right and lasting connection is made and the worker is settled in his work, in his mind, and in his outlook on life.

IMPORTANCE OF FAMILY INFLUENCE

In all plans to assist the returned soldier the influence of the family is a great force which must be mobilized and guided to its constructive task of rebuilding determination, ambition and character. It is quite as important to keep up the soldier's morale through the encouragement of his family while he is convalescing and refitting himself for work as it was while he was in the service. This factor of family influence is all the more important when we remember that never until this war have so many men left their home life to enter the army. To a large extent our Regular Army was made up of unmarried men, forming in effect a professional group. The Civil War to be sure called out our citizens in great number, but no such great change has ever faced American family life as at present. This gives a different aspect to plans for the care of those who will return never to fight again.

At the present time the United States maintains nine national homes for disabled soldiers, caring for upward of 20,000 veterans of the Civil and other wars. In addition many of the states maintain their own homes for disabled soldiers, in which some 12,000 more veterans are cared for. No concerted systematic effort was made by the government to restore the wounded veterans of the Civil War to earning capacity. The legless or armless veteran became a common and pitiful spectacle of our daily life. Only those of sufficient strength of character and will power fought out their own problems and made their way in spite of such handicaps. But a different method and spirit must hereafter prevail. The return of a single American lad now fighting in France only to become a life-long inmate of a soldiers' home is to be thought of only as a last resort. Every consideration demands that the boys who suffer disablement in this final battle for democracy must be restored to their own homes and given every chance to work and play with the rest of us.

The family influence, fostered and directed when necessary by wise and sympathetic counsel, may be effectively brought to bear at several stages. In the first place, at the time he is making up his mind as to the occupation in which he will be trained to ensure his

future economic welfare, the coöperation of the family is required to give the vocational counsellor the necessary background of information as to his tastes, past successes, and ambitions. When the choice is made with the full concurrence and advice of the immediate relatives there is greater chance that family encouragement will be given all the way through and that the man will stick to his work and make good.

The first desire and impulse of every wounded man is to go home. This is natural and doubtless arrangement will be made for at least a brief visit when the man's condition warrants, as soon as he returns from the other side. But his best interests require usually a more or less extended period of hospital treatment and the wise family will concur in this attitude of the army medical authorities and forego their desire to have the boy come home at once, so that he may remain to receive the fullest benefit of the treatment which the government under its present liberal policy is ready to give him.

In the same manner the wholesome influence of family must be exerted all through the course of treatment, training and early days of work in the new position. Friends and neighbors, the government and the Red Cross may do much for the disabled soldier at all of these stages in his progress toward normal life, but unless the family understands and assists him at every turn his fight will indeed be uphill and against heavy odds.

But to have the family strong in its moral support, the family itself must be beyond the reach of suffering. To this end the government and the Red Cross must still continue their service. Wisely therefore the government will give the same allowance and the man must make the same allotment from his pay, while he is taking re-education as when he was in active service. Likewise the Red Cross, already familiar in many instances with the man's family problems, stands ready to keep on with every form of assistance, advice, counsel and material relief which it has given while the soldier or sailor was at the front.

Indeed it is impossible to separate relief to the disabled man from relief to his family, and in Red Cross practice no different committee will intervene upon the return of the man to a family already under care by the home service section. Obviously assistance in any form to the family is assistance to the soldier and vice versa. In the Canadian experience the assault of present war-time conditions

upon family life is a most formidable factor. Problems of separation, delinquency, divorce, desertion and family disintegration have arisen in a manner to daunt all but the stoutest of heart, and the same problems may not unreasonably be expected here as we go deeper and deeper into the war.

FINANCIAL PROVISION FOR RELIEF

Turning now to the more concrete problems of after-care, the first factor applicable uniformly to all disabled men discharged in line of duty, is the financial provision for relief made by the War Risk Insurance Law. Based on the solid rock of a just and impartial general law, this measure makes liberal provisions for men while in service and for their dependent families both during the war and in the future to which the latter must look forward after the disablement or death of the principal wage-earner. The underlying theory was well stated by Judge Julian W. Mack, Chairman of the Committee which drafted the bill last year, as follows:

The proposed provisions for the men and their dependents should not be offered as gratuities or pensions, and they should not be deferred until the end of the war. The wives and children, the dependent mothers and fathers of the men, should not be left, as in previous wars, to the uncertain charity of the communities in which they live. The minds of our soldiers and sailors should be put at rest, so far as their loved ones are concerned, by the knowledge that they will amply be provided for by their government as a part of the compensation for the service they are rendering to their country. In like manner they should know in advance that if they are killed in battle, definite and just provision has been made for their dependents, and that if they are disabled, totally or partially—if they come back armless, legless, sightless, or otherwise permanently injured—definite provision is made for them.

Article III of the law therefore aims at a new and better pension system based upon the accepted principles of modern compensation legislation. The schedule of monthly compensation for the total disability of an enlisted man or officer provides for payments ranging from \$30 a month if he has neither wife or child living, up to \$75 a month if he has a wife and three or more children. Ten dollars a month additional is provided for a dependent widowed mother or father.

To an injured person who is totally disabled and in addition so helpless as to be in constant need of a nurse or attendant, an additional sum not exceeding \$20 per month may be paid in the discretion

of the War Risk Bureau. For the loss of both feet, both hands, or both eyes, or for becoming totally blind or helpless and permanently bedridden from causes occurring in the line of duty in the service of the United States, a compensation of \$100 per month is to be paid without allowance in that case for a nurse or attendant.

Compensation for partial disability is adjusted on a sliding scale according to the average impairment of earning capacity resulting from similar injuries in civil occupations. Thus the compensation of a disabled soldier or sailor varies with the degree of disability and with the size of his family, and the amount cannot be reduced by reason of individual success in overcoming the handicap and increasing the earning power.

Over and beyond the provisions for compensation for death and disability in the service, the War Risk Insurance Law in Article IV also makes available to every commissioned officer and enlisted man and to every member of the Army Nurse Corps (female) and Navy Nurse Corps (female) when employed in active service, the benefits of life and disability insurance carried by the government at a very low premium. In the event of death *or total and permanent disability* the amount of the policy (which may be any sum in multiples of \$500, between \$1,000 and \$10,000) is payable in 240 monthly installments. If, however, the insured person becomes totally and permanently disabled and lives longer than 240 months, payments will be continued as long as he lives and is so disabled. With the mutually advantageous object of reducing physical disability and lowering the burden of compensation upon the government, the law further provides that every person in receipt of compensation for disability shall submit to reasonable medical or surgical treatment furnished by the government. The Bureau of War Risk Insurance in coöperation with the United States Public Health Service has made arrangements to meet this requirement of the law. Discharged soldiers and sailors entitled to compensation may now receive free examination and treatment by private physicians or at private hospitals or at the hands of the medical officers of the United States Public Health Service and in the hospitals of that branch of the government. The application for compensation automatically puts into effect the procedure leading to such examination and treatment.

Obviously the first duty of those who give practical aid to returned soldiers is to see that they and their families take advantage

of all the benefits conferred by the War Risk Insurance Law and other federal, state and local measures for their relief. To this end the legal aid and information service, as described in another article of this series, is an integral part of the work of every home service section of the Red Cross. At the time of writing there are approximately 3,500 home service sections with perhaps 5,000 additional branch offices, representing altogether an enrollment of over 20,000 volunteer workers.

SPECIAL PROBLEMS OF AFTER-CARE

The relief and after-care of the tuberculous soldier constitutes a special problem of unusual importance. From the beginning of the war up to June 1, 1918, almost exactly 10,000 men had been discharged from the army on account of this disease. Under the older policy many of these were discharged "not in line of duty," the government taking the position that service was not responsible for the disease which, it was held in such cases, existed previously and had escaped detection. Pressure of public opinion has aided in changing the policy of the army and now once a man is accepted for service at any military station any subsequent disability, unless clearly due to his own negligence or misconduct, is held to have been incurred in line of duty. This means that men who develop tuberculosis in the service will be sent to army hospitals and kept if possible until the disease is arrested, certainly as long as they will stay. In order to meet the greatly increased requirements, the army is rapidly developing new and adequate facilities for the hospital treatment of tuberculosis. In addition to the Regular Army sanatorium at Fort Bayard, New Mexico, new buildings have been constructed or acquired at New Haven, Connecticut, Otisville, New York, Markleton, Pennsylvania, Azalea, North Carolina, Waynesville, North Carolina, Denver, Colorado, and Whipple Barracks, Arizona, which before the coming winter will bring the total of beds available for the treatment of tuberculosis in the army up to 5,875.

With the approval of the Surgeon General, an arrangement has for many months been in force whereby lists of all men discharged on account of tuberculosis are sent to the state public health authorities, the state anti-tuberculosis associations and the division bureaus of civilian relief of the Red Cross. Local plans of coöperation are then worked out between these agencies so that the health authorities

and the anti-tuberculosis workers provide any necessary examination, medical attendance and sanatorium care while the Red Cross charges itself with the provision of financial assistance and relief to the family for as long a time as may be necessary until the burden of permanent care and relief is transferred to the appropriate civilian community agency.

Somewhat similar arrangements are being made for the care of men discharged on account of nervous and mental disorders. During the first year of the war, over 20,000 men were rejected from the army on account of some form of nervous or mental defect. It is an unusually delicate and difficult task to attempt to reach and assist many of these men, and doubtless thousands of those who have been rejected after a short term of service in the cantonments will not need or will escape any follow-up arrangements which may now be made. Of course many of these men were rejected for what might be called from the point of view both of the individual and the army, prophylactic reasons—not that they were in immediate danger of breakdown but because they were of a sufficiently well-defined type to make it more than likely that they would collapse under the strain of active service.

It is a fact of sinister significance, not widely appreciated, that the insanity rate of men in the army increases nearly 300 per cent in time of war. Facilities for the treatment of war neuroses are being developed at the army hospital at Plattsburg, New York. It has come to be recognized that nervous breakdown in the service does not differ essentially from the same conditions observed in civil life except that the ordeals of battle and the trying sights and sounds which the soldier experiences are the aggravating cause. The same methods of treatment which have been found to be successful with civilian patients are applied with good results in the army. Work and play which enlists the mental activity of the patient and diverts his attention into wholesome and constructive channels is found to be an essential factor of the treatment. The insane, who are in quite a different category, are treated at a different hospital at Fort Porter, New York. Those who are incurable are discharged from the army when relatives or the state hospitals of their native state will undertake their proper care. The remainder of the incurable cases are transferred to St. Elizabeth's Home, Washington, D. C.

Although the proportion of blind is far smaller than is commonly

supposed, unexcelled arrangements for their treatment, teaching and social and economic supervision during the remainder of their lives have already been made. Blinded soldiers are sent to General Hospital No. 7 at Baltimore, where the military hospital and school is located on a beautiful private estate loaned for the purpose. Through a special appropriation establishing the Red Cross Institute for the Blind, facilities for after-care which would not be possible under the army law have been provided. The Federal Board for Vocational Education is coöperating with the arrangements for industrial training. All this work and the administration of additional private gifts is under the single and competent direction of the officer of the Surgeon General's staff directly charged with the work for the blind. Here again complete data as to the family background is necessary and is being provided through the coöperation of the Red Cross Home Service workers. Following the example of successful work in England, a member of the family of each blind man is taken to the Baltimore School and given much of the same training that the blind man receives. This insures the essential understanding on the part of the family of the blind man's difficulties, limitations, capabilities, needs and ambitions. Through its knowledge of the home and family background, the home service section in the place of the man's residence is often able to advise as to which member of the family should be chosen for this devoted service.

The Red Cross Institute for the Blind will also make possible the establishment of a central selling and purchasing agency for the products of those men who cannot re-enter factories, while for those who can be trained to take up commercial life, typewriters and special stenographic machines will be provided. The institute will further make possible additional facilities for the production of literature for the blind, arrangements for the after-care and supervision of the men returned to industry, the provision of special workshops and home work and the formation of a savings association to encourage thrift, especially among those receiving the very liberal compensation and insurance benefits which the law provides for the blind.

With these and other groups of disabled soldiers, the Red Cross through its home service organization is working in close coöperation with the army medical authorities to give every possible assistance in the measures designed to ascertain the exact nature of the disa-

bility, and to provide for the most effective treatment and after-care. Here again the most effective care of the patient demands a clear knowledge of his family background and the continued support and relief of his dependents. Information as to a soldier's personal, community and family history is often of the highest value in determining whether, for example, he is suffering from an acute condition of real shell shock or whether the nervous collapse is but the manifestation of a chronic defect which existed previous to the period of military service. Not only does this distinction involve a difference in responsibility of the government for his compensation and after-care but it may well mean an important difference in the line of treatment prescribed. The trained social workers now enlisted with the Red Cross will often be able to supply this necessary information or, under expert guidance, will be able to obtain it promptly. In other instances the hospital authorities will be ready and willing to discharge soldiers to the care of their families for convalescence if they can be assured that a wholesome mental atmosphere exists in the home. Reliance will more and more be placed upon the home service workers to inform the medical authorities whether the mother is hysterical, the father alcoholic, either or both unable to comprehend the nature of the boy's ailment and to provide the wholesome environment required for his return to health, or whether opposite and wholly favorable conditions permit his convalescence at home.

Consideration of the classes requiring special hospital and institutional treatment must not blind us to the fact that even when taken altogether these form a small proportion of the total. Out of all the men who are discharged from the army on account of wounds or disease, probably 90 per cent will be able to go back to their usual life after a relatively short period of hospital treatment and without special measures for physical reconstruction and vocational training. A few weeks, or a few months at most, in the hospital will suffice for these men, many of whom are suffering from more or less familiar chronic medical conditions. The need for measures of after-care for this great group must be not overlooked. They will not have received the same advantages of special instruction and incitement to a constructive future which their more seriously disabled comrades will obtain at the hands of vocational counsellors and other friends, official and unofficial. Their return to their communities, and perhaps an over-zealous effort to return to the same work in a

factory or office, may cause an unlooked-for breakdown, bringing on a resultant family problem. Therefore the Red Cross Home Service and other relief agencies must, at least for a limited period, be prepared to safeguard and assist these men and their families.

In the last analysis, the success of the whole national scheme of "soldiers' civil re-establishment," as the Canadians call it, depends upon the intelligent support of public opinion. An hysterical tendency on the part of the community to pamper the returned soldier with trivial entertainment, or the offer of immediate employment, really resting upon a basis of charity or exploitation, may have the most untoward effect in demoralizing the ex-soldier's will and character. In a few years, when the too-ephemeral desire to help the wounded hero has been forgotten, and the man faces the competition of able-bodied workmen in a labor market again over-supplied, he may have good reason to blame the public which gave him the wrong kind of reception. True friendship for the disabled soldier can still accompany the utmost expression of real gratitude and respect. It is best for the soldier himself in the long run that the community should expect him to continue doing his duty by making good as a civilian. Employers will help and not hinder the success of the soldier's effort to make his own way in the world if they will find and reserve jobs which disabled men can hold on the basis of skill and competence alone, and will not attract them, by unthinking offers of unsuitable jobs, to neglect their opportunities for the thorough training which will make them permanently independent in spite of their handicap. It will be one of the most considerable by-products of the war if we may dare hope that the social attitude toward the crippled and disabled shall change from one of lavish and ill-guided charity, to an insistence on a square deal which shall give the injured more than the average chance to make good, and shall demand that he make the best of that opportunity. If also the interest in the men disabled in this business of the war should carry over into the field of peaceful industry, and enforce adequate laws and provisions for the prevention of work accidents and the rehabilitation of the immensely greater number of workmen injured in factories every year, this could indeed be counted as another social victory of far-reaching consequence, arising directly from our embarkation upon the present great adventure.